

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069935

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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21		1				
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23		1				
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27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				1
52		1				1
53		1				1
54		1				1
55		1				1
56		1				1
57		1				1
58		1				1
59		1				1
60		1				1
61		1				1
62		1				1
63		1				1
64		1				1
65		1				1
66		1				1
67		1				1
68		1				1
69		1				1
70	1					1
71		1				1
72		1				1
73		1				1
74		1				1
75		1				1
76		1			1	1
77		1			1	1
78		1			1	1
79		1			1	1
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98	1					
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						